

OFFICE USE ONLY	
RECEIPT #	CARD#



**POLICE DEPARTMENT**  
 7840 Roswell Rd., #301 \* Sandy Springs, GA 30350 \* Phone 770.551.3299 \* Fax 770.551.6906

## ***SOLICITATION PERMIT***

*PLEASE PRINT CLEARLY*

JOB TITLE APPLYING FOR:

**NAME:**

(Last)		(First)		(Middle)	
(Aliases)		(Race)	(Sex)	(Height)	(Weight)
(Hair Color)	(Eye Color)	(Driver's License/ID#)			(State)
(Phone #)		(Cell/Mobile#)			

**ADDRESS (Current):**

(Street)		(Apt#)
(City)	(State)	(Zip)

**ADDRESS (Past three years if different than current):**

(Street)		(Apt#)
(City)	(State)	(Zip)

**PERSONAL INFORMATION:**

(Date of Birth)	(SS#)	(Place of Birth – City/State)
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**EMPLOYMENT INFORMATION (Current):**

(Name of Employer)		
(Employment Dates)	(Address)	(Phone)
(Emergency Contact)		(Phone#)

**EMPLOYMENT INFORMATION (Past three years if different than current):**

(Name of Employer)		
(Employment Dates)	(Address)	(Phone)
(Emergency Contact)		(Phone#)

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**Description of Vehicle:**

(Make)	(Model)	(Color)
(Year)	(License Plate Number)	

**Description of subject matter being solicited:**

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**Names of magazines, books, or journals to be sold (if applicable):**

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**Name of three most recent communities solicited (if applicable):**

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**Have you previously applied for a solicitors permit in the City of Sandy Springs?**

\_\_\_\_\_ YES (Date Applied for) \_\_\_\_\_ NO

**Have you ever been convicted of a felony, a crime of moral turpitude, or any other violation of any state or federal law?**

\_\_\_\_\_ YES (Date of Conviction) \_\_\_\_\_ NO

**I do hereby swear/affirm that the information I have provided is true and correct. I understand that falsification of any information provided to the Sandy Springs Police Department will result in the immediate declination or revocation of any permit issued. Furthermore, criminal and/or civil penalties may be pursued as a result of purposely providing any false information.**

_____ Signature	_____ Printed Name	_____ Date
_____ Signature of Clerk	_____ Printed Name	_____ Date



Affidavit Verifying Lawful Presence within the United States

I, (print name) \_\_\_\_\_, swear or affirm under penalty of perjury that (check one):

☐ I am a United States citizen

or

☐ I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: \_\_\_\_\_

I am applying for the following public benefit (check one):

☐ Alcoholic Beverage License for \_\_\_\_\_  
Print Business Name

☐ Occupation Tax Certificate for \_\_\_\_\_  
Print Business Name

☐ Door-to-Door Salesman/Solicitors Permit

☐ Taxi Permit

☐ Other: \_\_\_\_\_  
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Subscribed and sworn to before me:

\_\_\_\_\_  
(Clerk/Notary Public)

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_



**SANDY SPRINGS POLICE DEPARTMENT**  
**Consent Form for GCIC Records Check**

I authorize the SANDY SPRINGS POLICE DEPARTMENT to receive any criminal history record information pertaining to me, which may be in the files of any federal, state, and/or city criminal justice agency in Georgia.

DATE \_\_\_\_\_

PRINT FULL NAME \_\_\_\_\_

MAIDEN NAME/PREVIOUS NAME/ALIAS INFO \_\_\_\_\_

ARE YOU A U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

If no, you will need to have your Green Card available. Country of Birth \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RACE \_\_\_\_\_ SEX \_\_\_\_\_ SOCIAL SEC# \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SIGNATURE OF APPLICANT \_\_\_\_\_

COMMUNICATIONS OFFICER: \_\_\_\_\_ DATE COMPLETE \_\_\_\_\_

RECORD ATTACHED \_\_\_\_\_ NO RECORD \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_